

Name
in
Full

Magdaline Bailey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

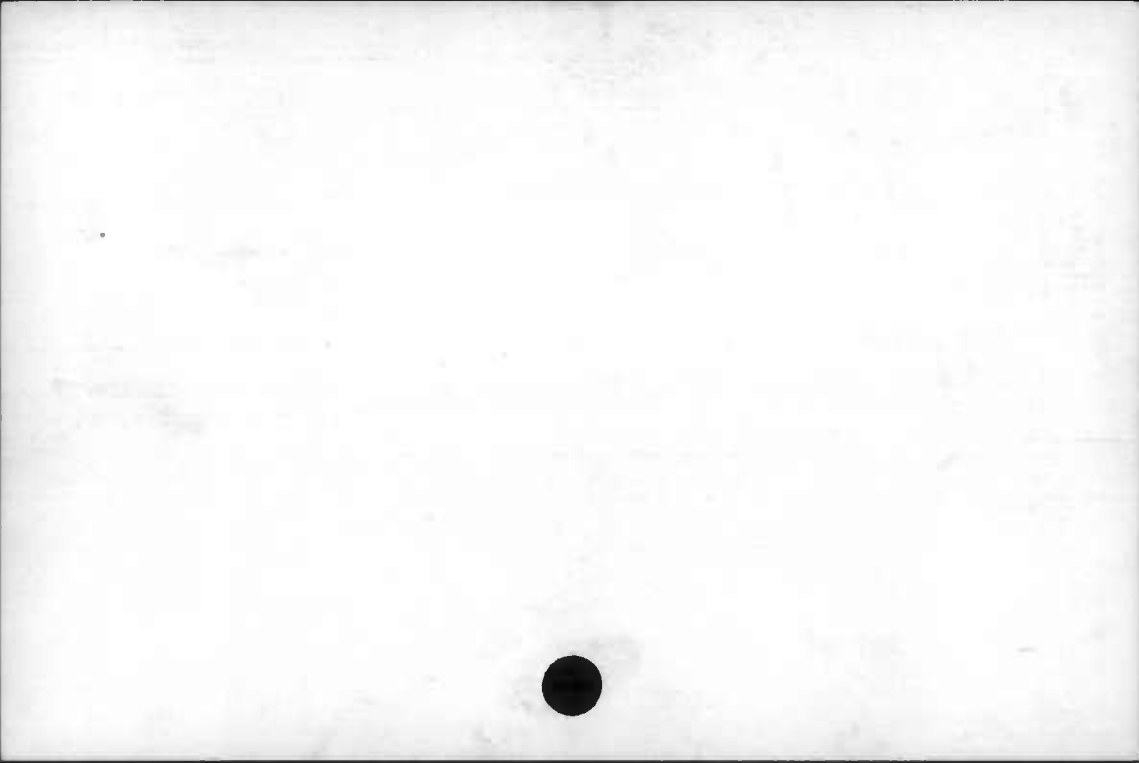
Died at <u>Blensoville</u>		County <u>Q. A.</u>		MARYLAND	
Date of death	1909	Month	July	Day	21
Age		14		Years	
Sex	Female	Color or Race	Black	Birth-place	Kent Island
Occupation	House girl		Where Reiding if not at place of death		
Single		Name of Wife or Husband			
Father's Name	Chas Bailey			Father's Birthplace	" "
Mother's Maiden Name	Lena Bailey			Mother's Birthplace	" "
Name of person giving Information	Chas Bailey			How related to deceased	Father

CAUSES OF DEATH

93

Primary	Pneumonia	How long	9 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C Percy Kemp	
		Address	
		Blensoville	
		Md.	
Accident or Suicida			

PHYSICIAN
OR CORONER



Name
in
Full

Harry Burris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>in Crumpton</i>		County <i>Q D Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>31</i>	Age <i>1</i>	Months <i>8</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Q D County</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>		
Married, Single, or Widowed			Name of Wife or Husband <i>—</i>		
Father's Name <i>William Burris</i>			Father's Birthplace <i>Q D Co</i>		
Mother's Maiden Name <i>Mathe Fowler</i>			Mother's Birthplace <i>Q D Co</i>		
Name of person giving Information <i>William Burris</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long, <i>10 days</i>
Immediate <i>E. exhaustion</i>	How long <i>one day</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur E. Landers</i>
	Address <i>Crumpton</i>
Accident or Suicide	



Name
in
Full

Walter Edw Collier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

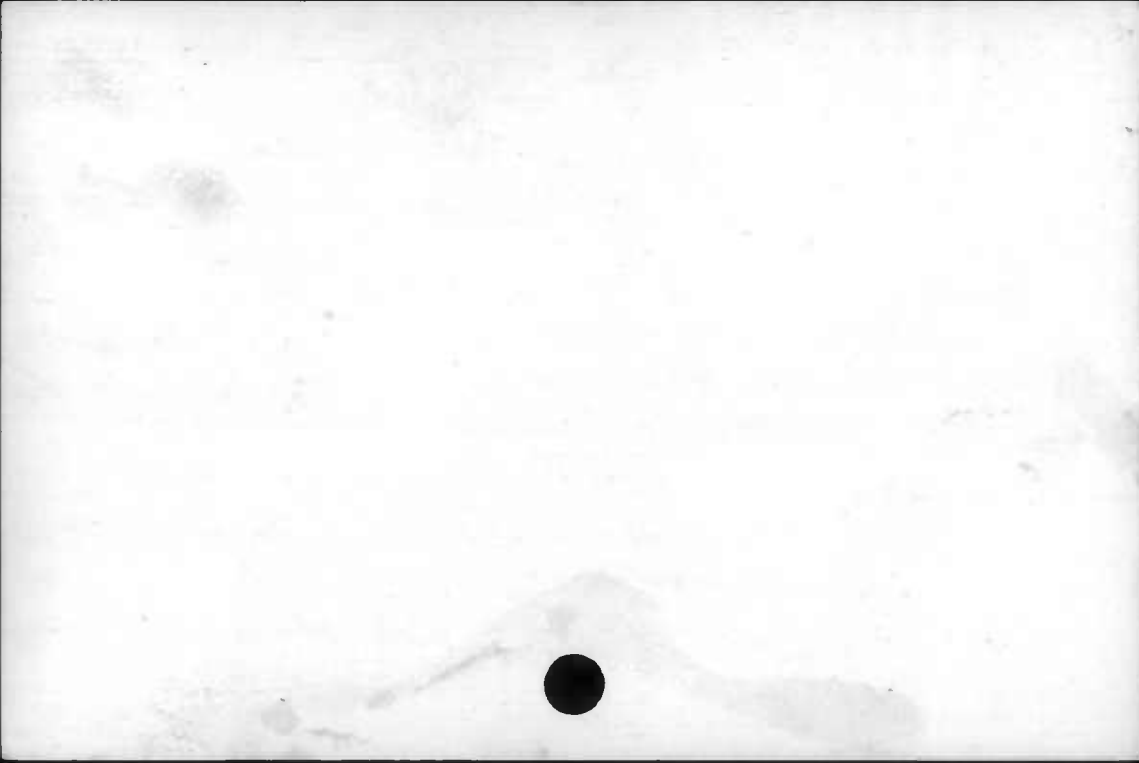
Died at <u>Stevensville</u>		Town <u>L. A.</u>		County		MARYLAND	
Date of death	1909	Month	July	Day	14	Age	20
Sex		male		Color or Race		white	
Occupation		none		Birth-place		L A Co Md	
Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Joseph Ed Collier		Father's Birthplace		L A Co Md	
Mother's Maiden Name		Laura Eddenfield		Mother's Birthplace		L A Co Md	
Name of person giving Information		J. S. Collier		How related to deceased		Daughter	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	marasmus	How long	from birth
Immediate	Exhaustion	How long	
Are the name, age, sex, color, data and place correctly given above?		yes	
Signature of Physician		Wm J. Henry	
Address		Stevensville	
Accident or Suicide		no	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Waller Cooper

Town

County

Died at in Pondtown

Queen Anne

MARYLAND

Date

of death 1909

Month

July

Day

4

Years

Age 1

Months

7

Days

2

Sex

Male

Color or
Race

Black

Birth-
place

Pennsylvania

Occupation

Where Residing if not
at place of death~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
Name

Jervis Cooper

Father's
Birthplace

Q D County

Mother's
Meiden Name

Martha Helmsey

Mother's
Birthplace

Q D County

Name of person giving
Information

Martha Helmsey

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Exhaustion

How long

P.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

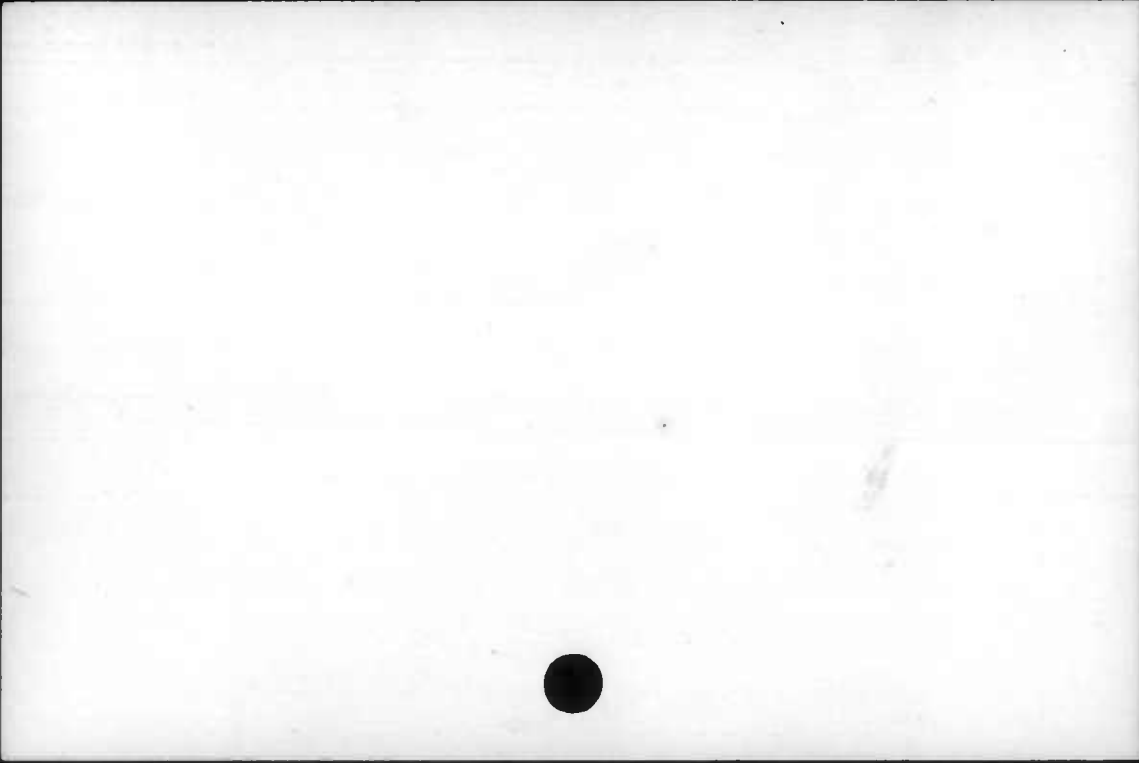
A. E. Lander Health Officer

Crumpton

~~Accident or Suicide~~

Did not see the child.

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Irish 7 Copenhagen* Town *New Church Hill* County *St. David's*
 Date of death *1909* Month *July* Day *29* Age *44* Years *—* Months *—* Days *5*
 Sex *Female* Color or Race *White* Birth-place *24 Co Md*
 Occupation *Housewife* Where Residing if not at place of death *Home*
 Married, Single or Widowed *Married* Name of Wife or Husband *Enoch G Coppens*
 Father's Name *Colin F Hollingsworth* Father's Birthplace *24 Co Md*
 Mother's Maiden Name *Ann H. Brown* Mother's Birthplace *Kent Co Md*
 Name of person giving information *Enoch G Coppens* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cancer of Stomach* How long *Probably 1 to 2 years*
 Immediate *Cancer of Stomach* How long *4 or 5 months*
 Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. Benge Simmons*
 Address *Chestertown Md*
 Accident or Suicide? *No.*



Name
in
Full

Mr John F Capper.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Near. *Chesertown* ^{County} *Queen Anne*Date of death 190 ^{Month} 9 ^{Day} July ^{Years} 7 Age ^{Months} 6 ^{Days} 3Sex *Male* Color or Race *White* Birth-place *Kent Co Md*Occupation *Farmer.*Where Residing if not
at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Sarah. Capper*Father's Name *Remond. Capper.*Father's Birthplace *Kent Co Md.*Mother's Maiden Name *Eliza Parson.*Mother's Birthplace *Delaware*Name of person giving Information *Hope Capper.*How related to deceased *Son.*

CAUSES OF DEATH

Primary *Consumption*
*Edema*How long *27*
How long *25 yrs.*Are the name, age, sex, color, data
and place correctly given above? *Yes.*Signature of
Physician

Address

Chas. W. M. Leland
Chesertown
Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Union Cemetery,
Worton.
C. B. Doad.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burrisville</i> <small>Town</small>		<i>Queencross</i> <small>County</small>		MARYLAND	
Date of death	1909	Month	July	Day	22
Age	Years		Months		Days
Sex	Male		Color or Race	Black	
Birth-place	Burrisville				
Occupation	none		Where Residing if not at place of death		
			11		
Married Single or Widowed	Single		Name of Wife or Husband		
Father's Name	William Dennis			Father's Birthplace	W. L. Del.
Mother's Maiden Name	Anna Bordley			Mother's Birthplace	D. A. Del.
Name of person giving information	William Dennis			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Indigestion</i>	How long	<i>2 1/2 months</i>
Immediate	<i>Summer complaint</i>	How long	<i>one month 15</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		None	
		Address	
		John W. Larmann	
Accident or Suicide?		sub Registrar	



Name
in
Full

CERTIFICATE OF DEATH

Rachael D. Dickerson
Town County

MARYLAND

Died at Barclay
Month Day Years Months Days
Date of death 1909 July 22 Age 27

Sex Female Color or Race Colored Birth-place Ind.

Occupation Infant Where Residing if not at place of death at Barclay Ind.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name George A. Dickerson Father's Birthplace Ind. County

Mother's Maiden Name Annie Gibbs Mother's Birthplace " " "

Name of person giving Information George A. Dickerson How related to deceased Father.

CAUSES OF DEATH

Primary Tumor of Brain How long Since birth.

Immediate Apnea How long 4 or 5 days

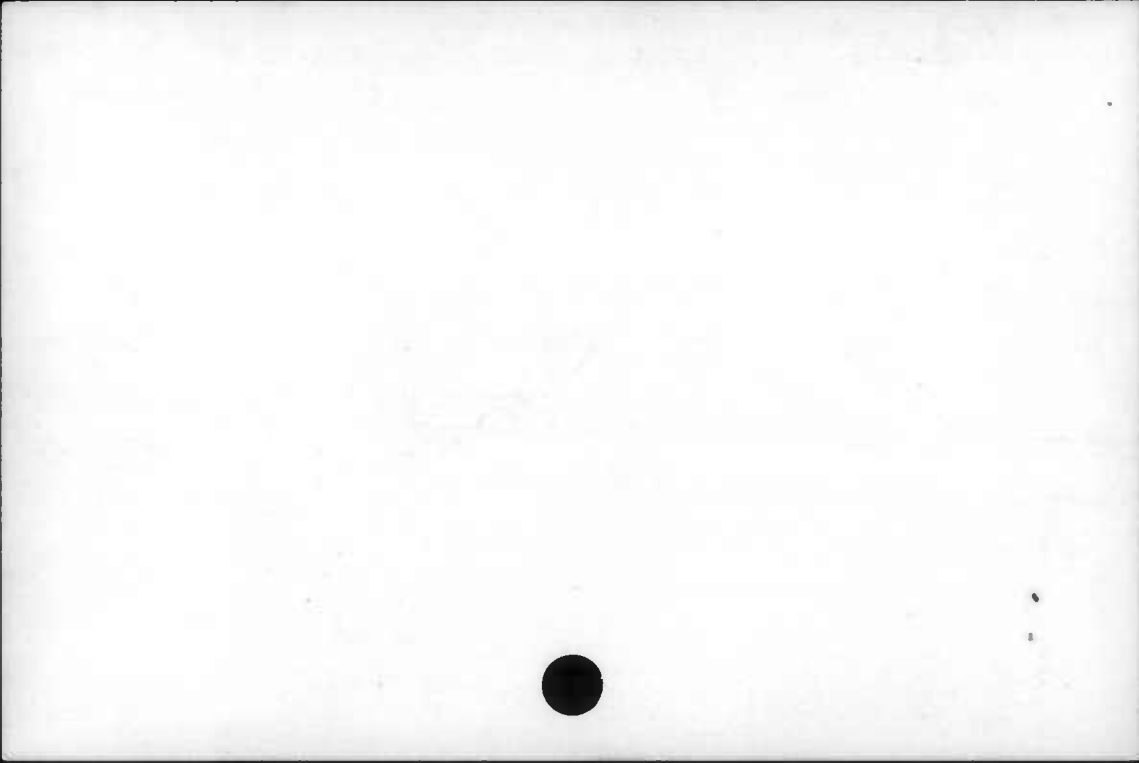
Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. W. Bourne M.D.

Address Ind.

Accident or Suicide no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ruth Olivia Dickerson
 Died at *Ingleside* ^{Town} *Allen* ^{County} *Honeo Co* **MARYLAND**
 Date of death **190** ^{Month} *9* ^{Day} *July* ^{Years} *24* ^{Months} *5* ^{Days}
 Sex *Female* Color or Race *Colored* Birth-place *Allen Honeo Co*
 Occupation _____ Where Residing if not at place of death _____
 Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Logan Dickerson* Father's Birthplace *Allen Honeo Co*
 Mother's Maiden Name *Sarah McPherson* Mother's Birthplace *Ingleside Honeo Co*
 Name of person giving Information *Thomas Dickerson* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Meningitis* **(61)** How long *5 days*
 Immediate *Exhaustion* How long *3 hours*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. S. Duddy*
 Address *Church Hill Md*
 Accident or Suicide _____



Name
in
Full

Clara Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centreville</i>		Town		<i>Queen Annes</i>		County		MARYLAND	
Date of death <i>1909 July</i>		Month		Day <i>1st</i>		Years		Months <i>X</i>	
Sex <i>Female</i>		Color or Race <i>Negro</i>		Age <i>24</i>		Days <i>X</i>		Birth-place <i>Queen Annes Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband <i>Robert Gross.</i>							
Father's Name <i>Robert Wells.</i>		Fether's Birthplace <i>Queen Annes Co.</i>							
Mother's Maiden Name <i>Hennie Myers.</i>		Mother's Birthplace <i>" "</i>							
Name of person giving Information <i>Emory Gross</i>		How related to deceased <i>Son.</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>		How long <i>1 year</i>	
Immediate <i>Heart Failure</i>		How long <i>1/2 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. F. Smith</i>	
		Address <i>Centreville Md.</i>	
Accident or Suicide <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Henry Gross

Died at ^{Town} Centreville^{County} Queen Anne's

MARYLAND

Date of death 1909 July

Day 17

Age 65

Months

Days

Sex Male

Color or Race

Negro

Birth-place Queen Anne's Co.

Occupation

Laborer

Where Residing if not at place of death

~~Married, Single~~
or Widowed

Name of Wife or Husband

Lizzie Gross.

Father's Name

Sip Gross

Father's Birthplace

Queen Anne's Co.

Mother's Maiden Name

Julia Hewitt

Mother's Birthplace

Queen Anne's Co.

Name of parson giving information

Amie Bryson

How related to deceased

Sister

CAUSES OF DEATH

Primary

Valvular Heart Disease

How long

Don't know

Immediate

Heart Failure

How long

1 day.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

E. J. Smith

Address

Centreville

Accident or Suicide?

No.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

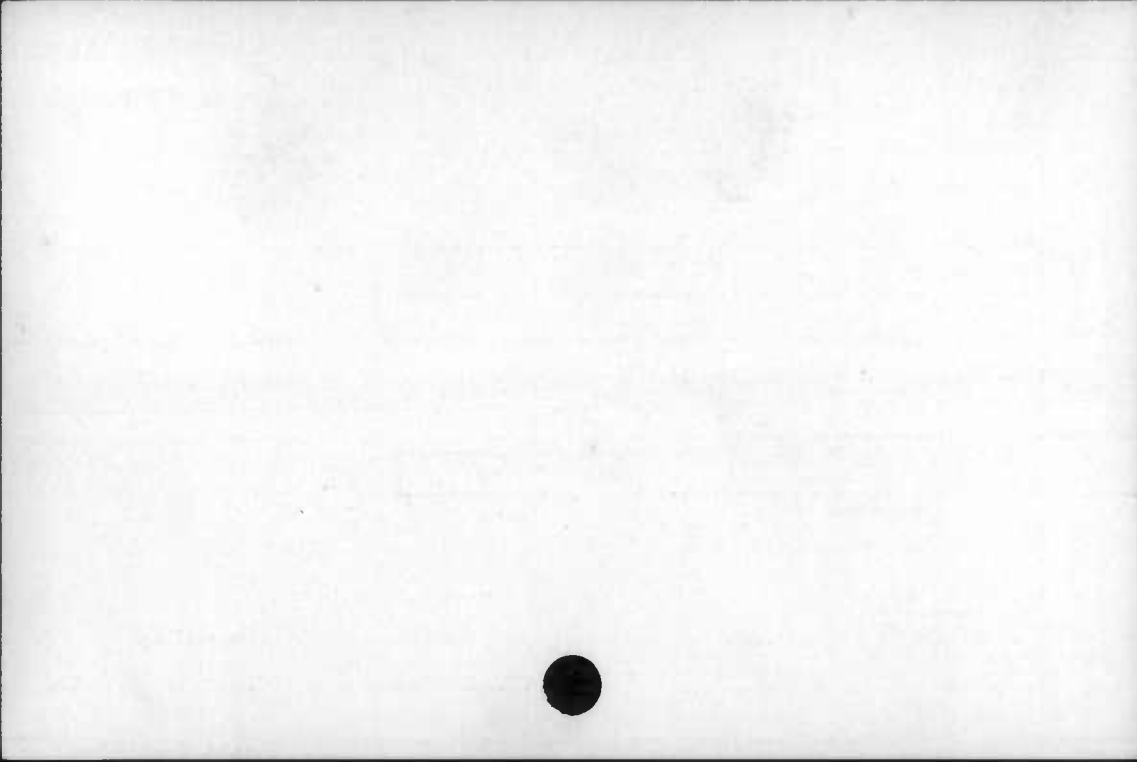
Died at <i>Centerville</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death	1909	Month	7	Day	11
Age	65	Years		Months	4
Sex	Male	Color or Race	White American	Birth-place	Queen Anne Co. Md.
Occupation	Retired Merchant		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of Wife or Husband	Sallie J. Hall		
Father's Name	James Hall		Father's Birthplace	Queen Anne Co.	
Mother's Maiden Name	Annie M. Thomas		Mother's Birthplace	Talbot Co. Md.	
Name of person giving information	Sallie J. Hall		How related to deceased	Wife	

CAUSES OF DEATH

122

PHYSICIAN
OR CORONER

Primary	Urinary Calculi.	How long	7 1/2 yrs
Immediate	Septicemia following Lithotomy	How long	8 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. H. K. K. K.
		Address	Centerville
Accident or Suicide?	No		Md.



Name
in
Full

William T. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

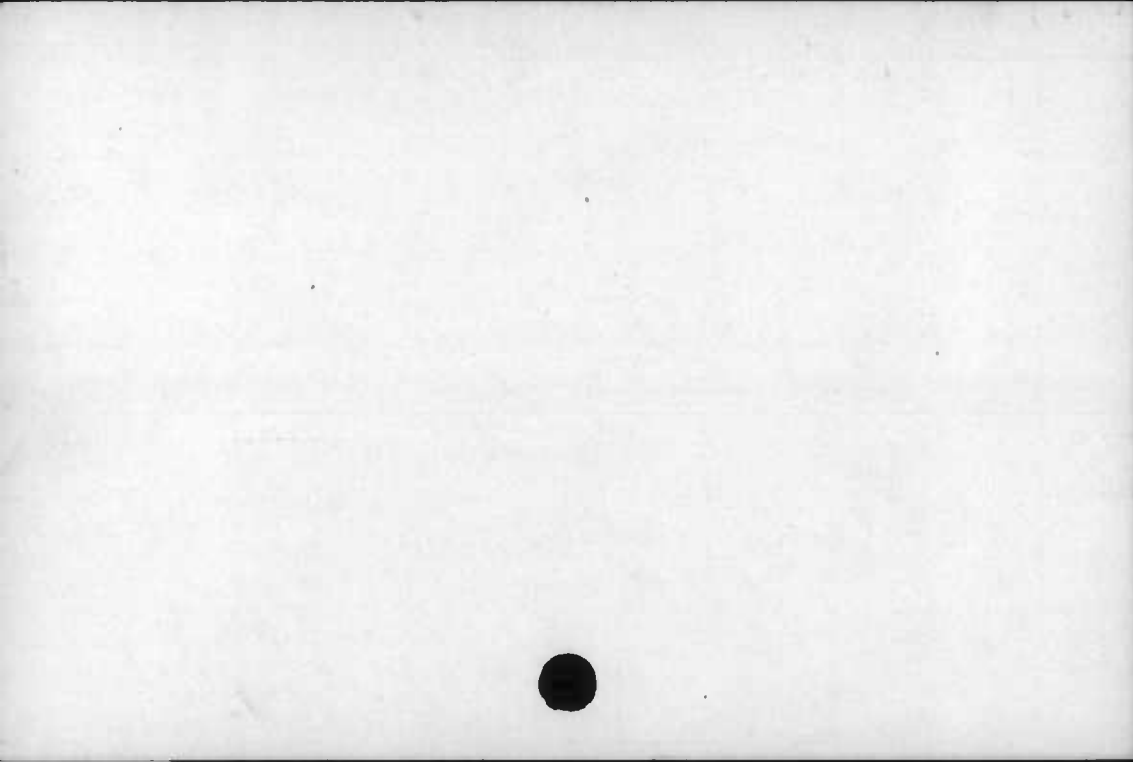
Died at <i>Ruthsburg</i>		Town <i>Queen Anne's</i>		County		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>18</i>	Age <i>Between 48 and 54 years</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Kings Creek Talbot Co., Md.</i>				
Occupation <i>Farm Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Lizzie Gibbs</i>					
Father's Name <i>Isaac Hughes</i>				Father's Birthplace <i>Easton Talbot Co., Md.</i>			
Mother's Maiden Name <i>Charlott Stanton</i>				Mother's Birthplace <i>Long Woods Talbot Co., Md.</i>			
Name of person giving information <i>Isaac H. Hughes</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Not known, likely Chronic Heart Disease for 2 or 3 years</i>	How long
Immediate	<i>" " Heart Failure caused by Filatency for 1 or 2 hours.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes as near as known</i>		Signature of Physician <i>Walter H. Fenby</i>
		Address <i>Centreville</i>
<i>Accident or Suicide?</i>		<i>R.R. No. 4. Queen Annes Co., Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Osbor Hutchins
Died at *near Price* ^{Town} *Queen Anne's Co* ^{County} **MARYLAND**

Date of death *1909* ^{Year} *July* ^{Month} *30* ^{Day} Age *7* ^{Years} *7* ^{Months} *7* ^{Days}

Sex *Male* Color or Race *Colored* Birth-place *Queen Anne's Co*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Wm H. Hutchins* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Mary C. Huff* Mother's Birthplace *Queen Anne's Co*

Name of person giving Information *Wm H. Hutchins* How related to deceased *Father*

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary *Acute Indigestion* ^{How long} *4 days*

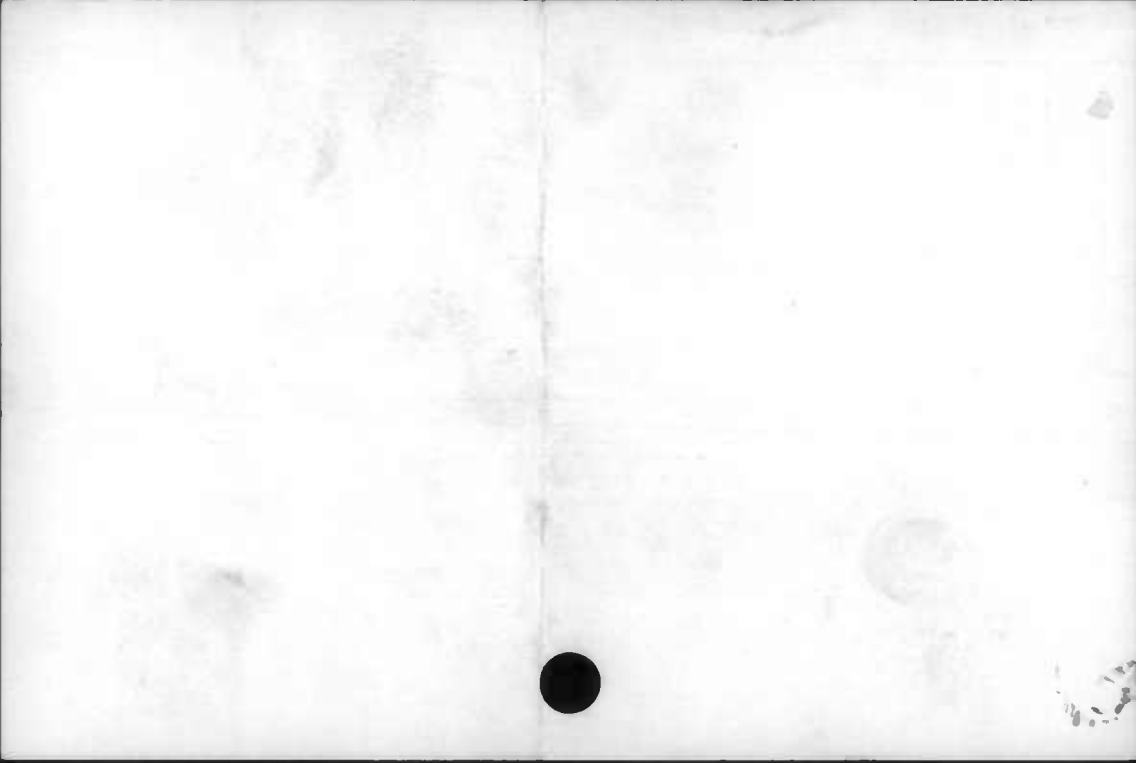
Immediate *& hemorrhage* ^{How long} *2 hrs*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *M. S. Budby*

Address *Chesapeake Beach Maryland*

Accident or Suicide *no*



Name
in
Full

Hattie Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

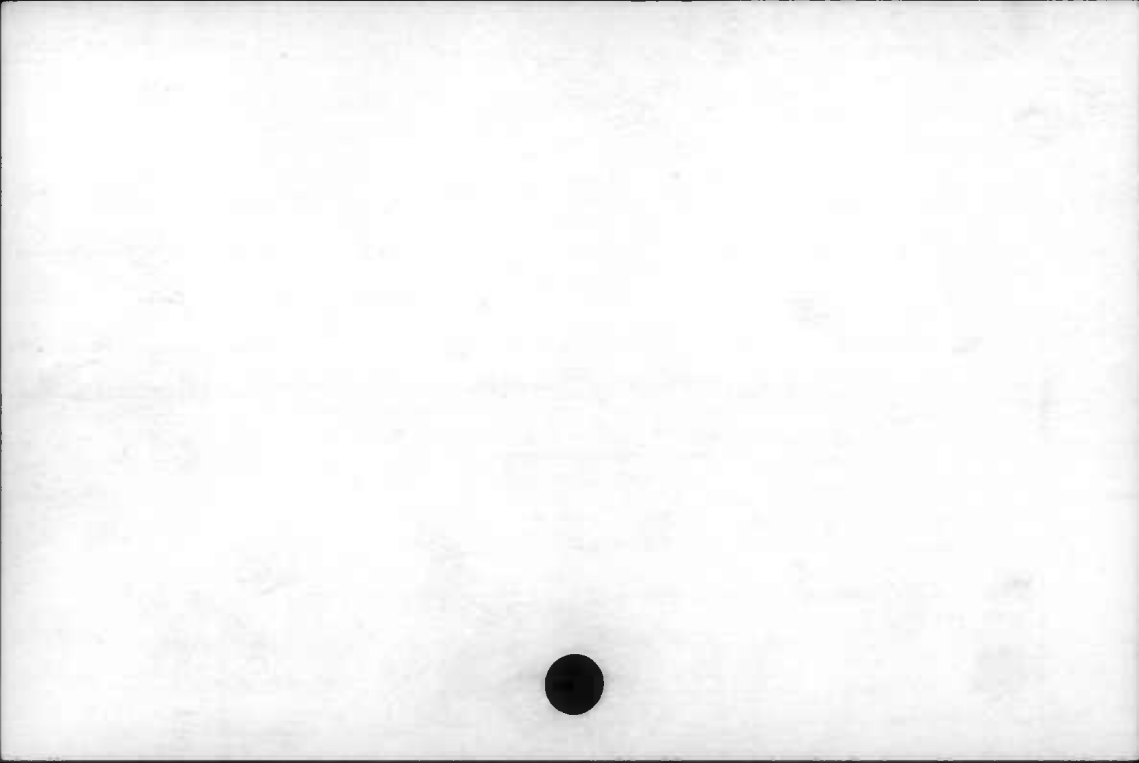
Died at <i>Centreville</i> ^{Town}		<i>Queen Annes</i> ^{County}		MARYLAND	
Date of death	1909	Month	July	Day	22
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>negro</i>	
Occupation	<i>none</i>		Birth-place	<i>Centreville Md.</i>	
Where Reaiding if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			<i>Cato Jacobs.</i>		
Mother's Maiden Name			<i>Jarrie Kennedy</i>		
Name of person giving Information			<i>Cato Jacobs</i>		
Father's Birthplace			<i>Centreville Md.</i>		
Mother's Birthplace			<i>Centreville Md.</i>		
How related to deceased			<i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>6 months</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>1 week</i>
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		<i>E. F. Smith</i>	
Address		<i>Centreville Md.</i>	
Accident or Suicide			



Name
in
Full

Mable Virginia Johnson

CERTIFICATE OF DEATH

Town

County

Died at

Dugleside

Dunes Creek

MARYLAND

Date
of death

1907

Month

July

Day

14

Years

Age

Months

5

Days

27

Sex

Female

Color or
Race

Colored

Birth-
place

Dunes Creek Co.

Occupation

Infant

Where Residing if not
at place of death

at place birth

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Tobias Johnson

Father's
Birthplace

Dunes Creek Co.

Mother's
Maiden Name

Alberta Raspberry

Mother's
Birthplace

Dunes Creek Co.

Name of person giving
Information

Alberta Raspberry

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Acute Enteritis

How long

One week -

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. W. Brown M. D.

Address

Dugleside
Md.

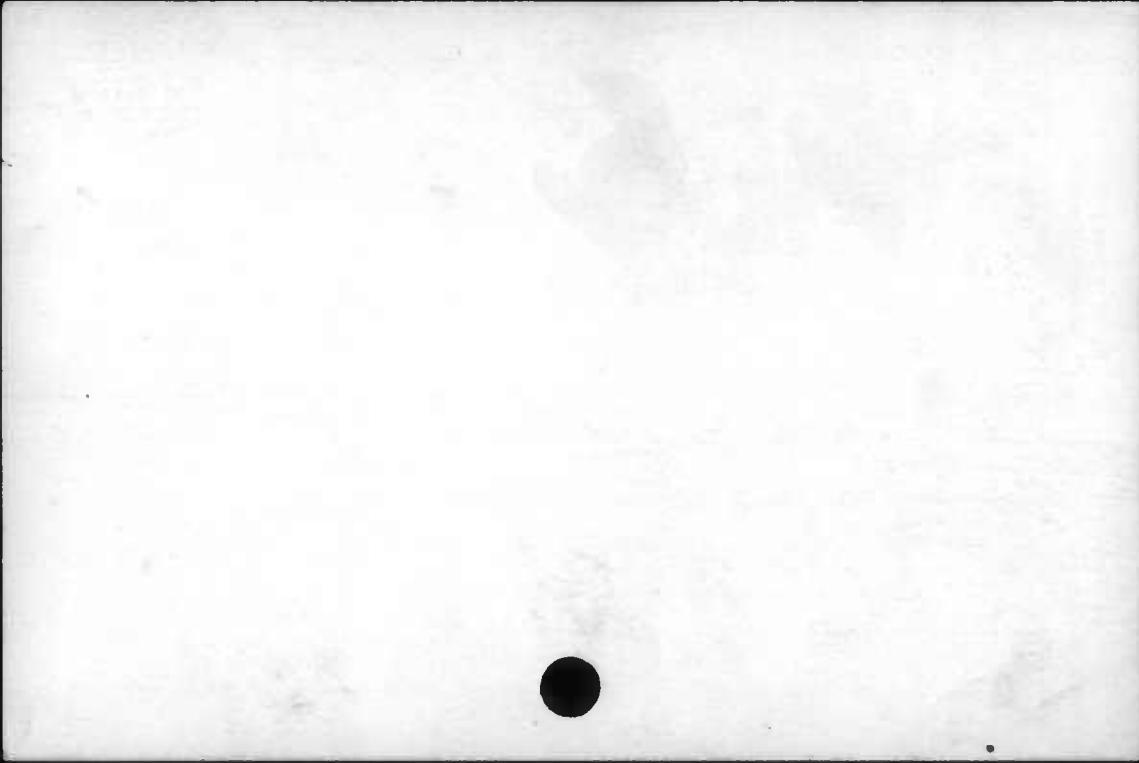
Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

106



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

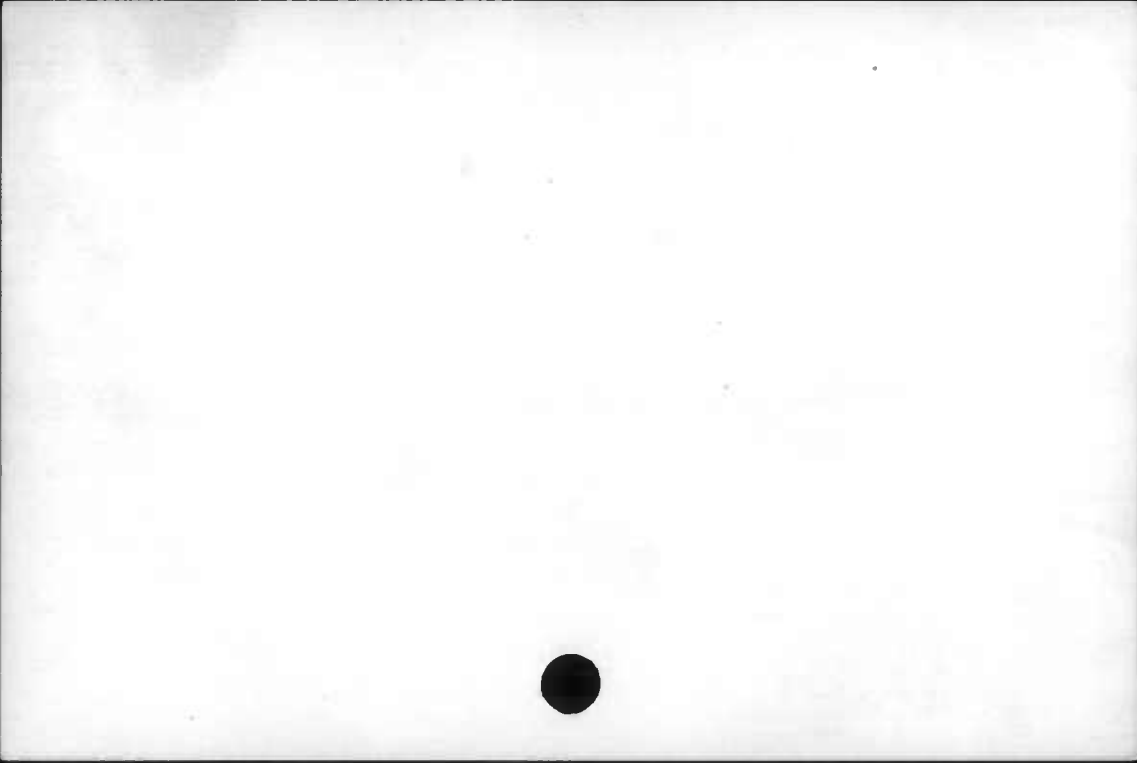
Died <i>near Queenstown</i>		Town		Conty		MARYLAND	
Date of death	1909	Month	July	Day	13	Age	67
Sex	Female	Color or Race	White	Birthplace	R.C.Co., Md.		
Occupation	Wife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband <i>Henry C. Jones</i>			
Father's Name	<i>Jacob C. Legg</i>			Father's Birthplace <i>R.C.Co., Md.</i>			
Mother's Melden Name	<i>Mary E. Skinner</i>			Mother's Birthplace <i>Talbot Co., Md.</i>			
Name of person giving Information	<i>Wm. S. Bennett</i>			How related to deceased <i>Son</i>			

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	<i>Uterine Cancer</i>	How long	<i>Don't know</i>
Immediate	<i>Exhaustion</i>	How long	<i>Eight days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>P. H. Ford</i>
		Address	<i>Queenstown Md.</i>
Accident or Suicide			



Name
in
Full

Mary Landen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

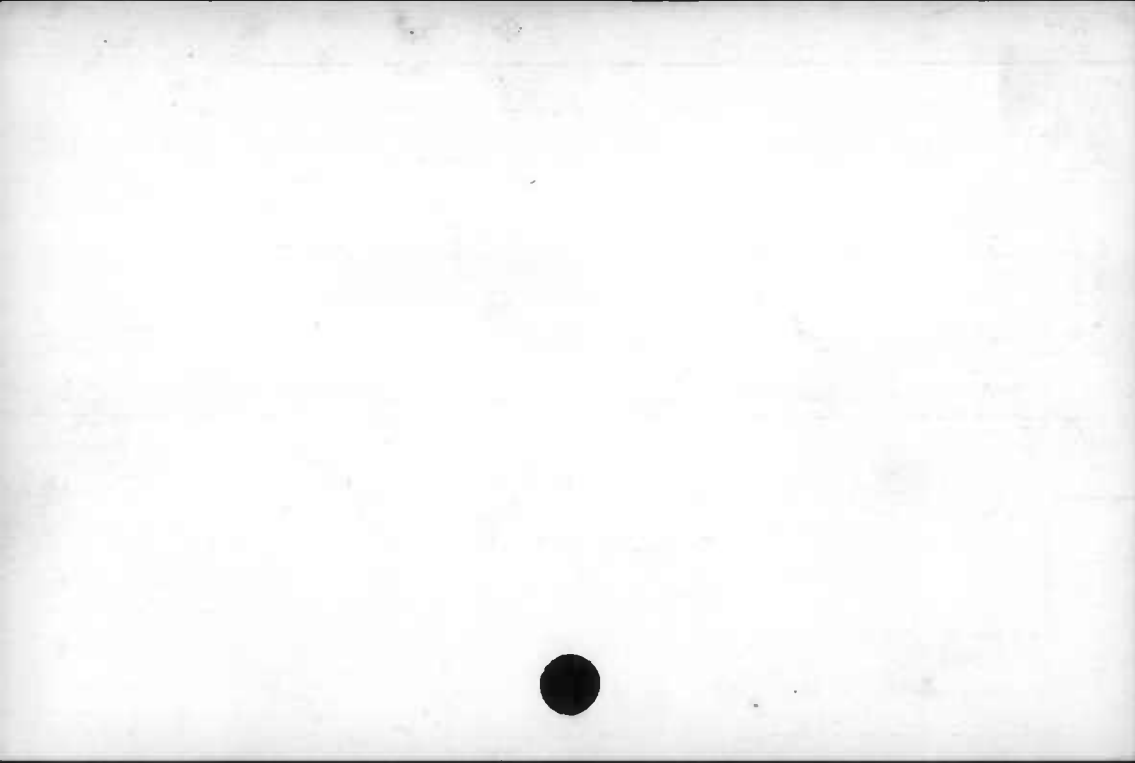
Died at <i>Rolphs wharf</i>		Town		County		MARYLAND	
Date of death	1909	Month	July	Day	26	Age	Years
Sex	Female	Color or Race	Black	Birth-place	Rolphs wharf		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Wesley Landen			Father's Birthplace			
Mother's Maiden Name	Eliza Sney			Mother's Birthplace			
Name of person giving Information	Wesley Landen			How related to deceased			
				Father			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 days</i>
Immediate	<i>Prostration</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. B. Dudley</i>
		Address	<i>Church Hill Maryland</i>
Accident or Suicide			



Name
in
Full

Samuel L. L. McBurnis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at *near* *Church Hill* *Green* *June* **MARYLAND**
 Date of death 1909 *7* *25* *4* *2* *4*
 Sex *Male* Color or Race *White* Birth-place *Church Hill Md.*
 Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
 Father's Name *Samuel McBurnis* Father's Birthplace *Id.*
 Mother's Maiden Name *Joseph Smith McBurnis* Mother's Birthplace *Id.*
 Name of parson giving Information *Doc. L. McBurnis* How related to deceased *Father*

CAUSES OF DEATH

150

Primary *Defective or imperfect circulation. From heart* *Weakness*
 Immediate _____

Are the name, age, sex, color, date and place correctly given above?

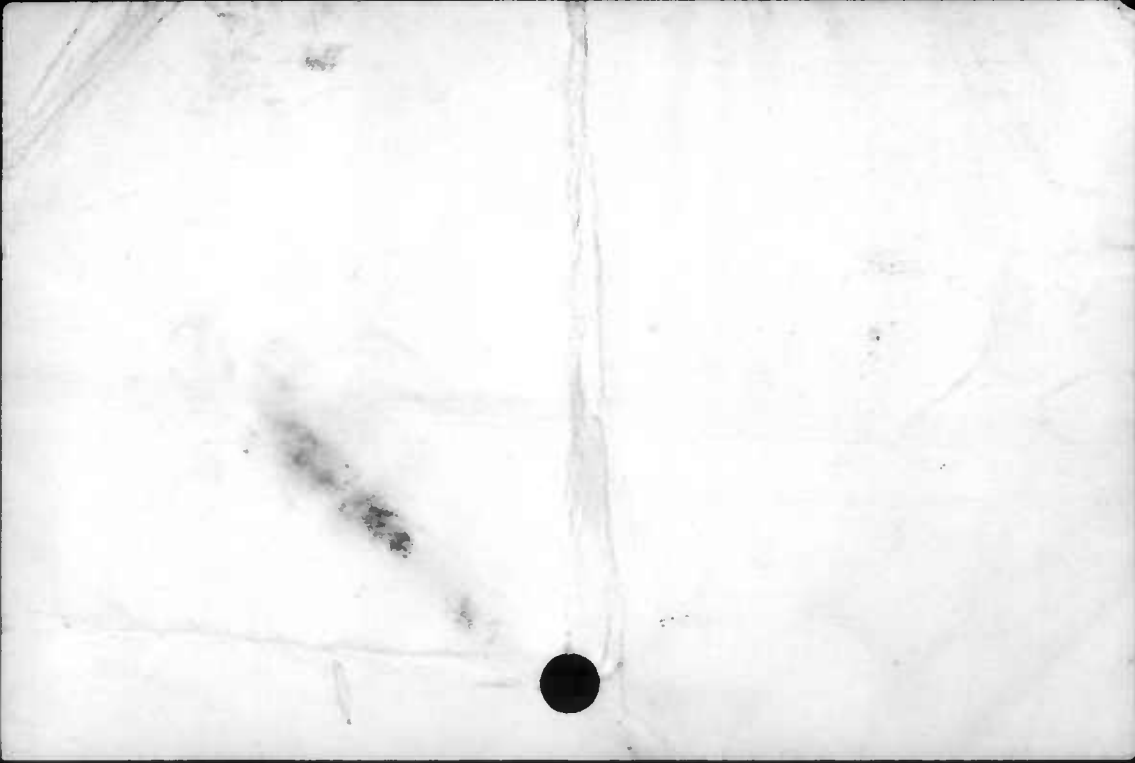
Signature of Physician

Address

Dr. Abraham M.D.
Chestertown Id.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Not Named Matthews

CERTIFICATE OF DEATH

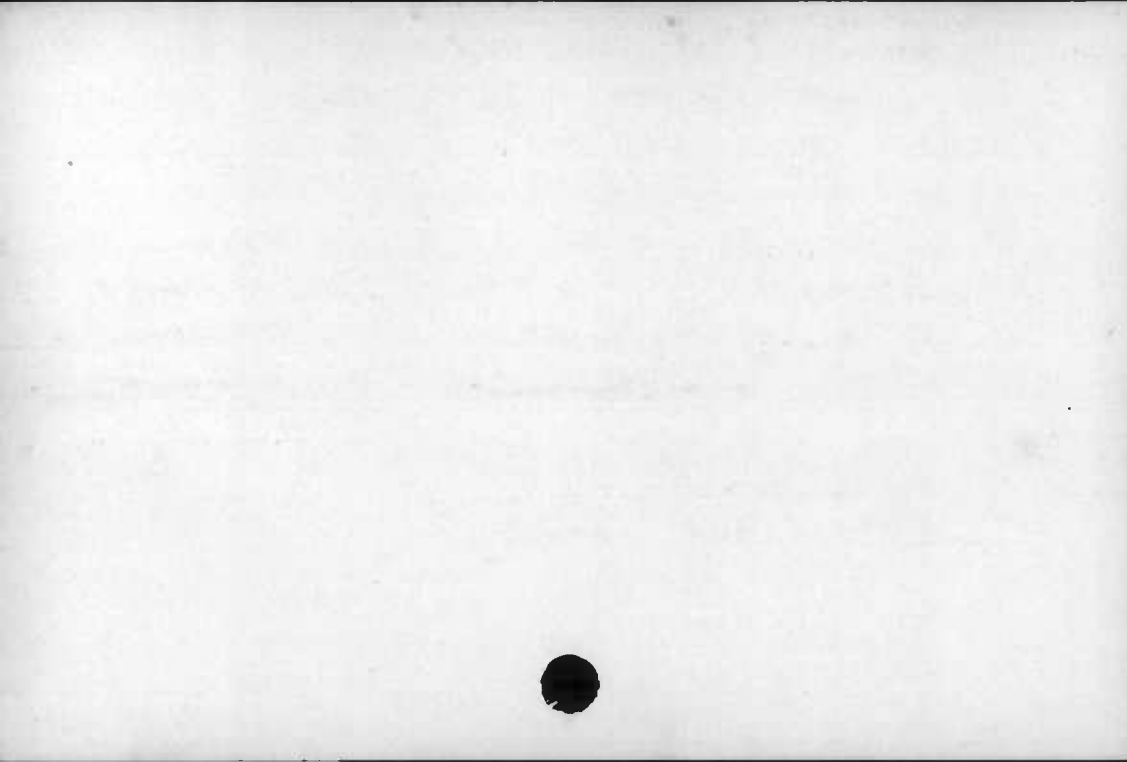
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hope</u> ^{Town}		<u>Queen Anne's</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month <u>July</u>	Day <u>11</u>	Age <u>Still Born</u> ^{Years}	<u>Baby</u> ^{Months} <u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Colored</u>			Birth-Place <u>Hope Queen Anne's Co.</u>	
Occupation <u>None</u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>			Name of Wife or Husband <u></u>		
Father's Name <u>Charles Edward Mathews</u>			Father's Birthplace <u>Indiana, Ohio</u>		
Mother's Maiden Name <u>Mary Jane Maker</u>			Mother's Birthplace <u>Prince George Co. Md</u>		
Name of person giving information <u>Charles Edward Mathews</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mother was frightened and run across a field where she jumped through a fence and</u>	How long <u>23 or 24 days</u>
Immediate <u>to led down a bank 3 or 4 ft. high</u>	How long <u>before birth</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Walter H Fenby</u>
	Address <u>Centreville</u>
	<u>R.R. No. 4</u> <u>Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

C H S Tristram

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		4	19	66			
Sex	Male	Color or Race	White	Birth-place	Kent es		
Occupation	Farmer			Where Residing if not at place of death	Millington		
Married, Single or Widowed	Married		Name of Wife or Husband	Corrine Harbison			
Father's Name	Geo Tristram			Father's Birthplace	Kent es		
Mother's Maiden Name	Hathorn			Mother's Birthplace	Kent es		
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

Primary	Cardiac Asthma	How long	79	29 years
Immediate	"	How long	"	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address		
Accident or Suicide		H C Attridge Millington Kent		

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Autrice Mudda

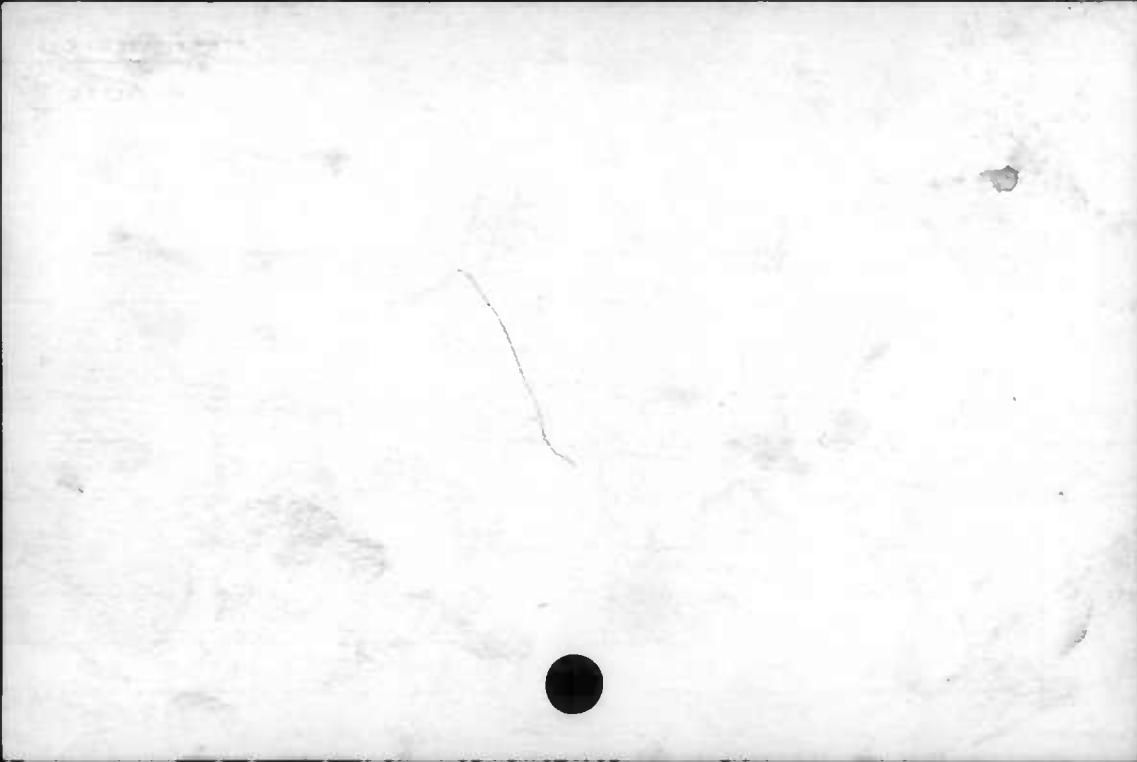
Died at <u>Near Centerville</u>		County <u>Calco</u>		MARYLAND	
Date of death	1909	Month	July	Day	✓
Age	✓	Years	✓	Months	4
Sex	Male	Color or Race	White	Birth-place	Centerville
Occupation	None	Where Realding if not at place of death		Near Centerville	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Mudda			Father's Birthplace	Chesapeake
Mother's Maiden Name	Florence Aborn			Mother's Birthplace	Wey Island
Name of person giving Information	Florence Mudda			How related to deceased	Mother

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Congenital Debility		How long	6 months
Immediate	Inanition		How long	3 minutes
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			E. F. Smith	
			Address	
			Centerville	
			Md.	
Accident or Suicide				



Name
in
Full

Edna Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Anne		MARYLAND	
Date of death		190	Month 7	Day 8	Age one	Years	Months Days
Sex Female		Color or Race Negro		Birth- place Centerville			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Daniel Newman				Father's Birthplace Queen Anne Co.			
Mother's Maiden Name Mary Sudler				Mother's Birthplace Kent Island md			
Name of person giving in formation Daniel Newman				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long 8	
Immediate Hooking Cough		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John W. Harmon	
Address			
Accident or Suicide? no		Sub Registrar	



Name
in
Full

Paul and Clifford - Palmaro's Twins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

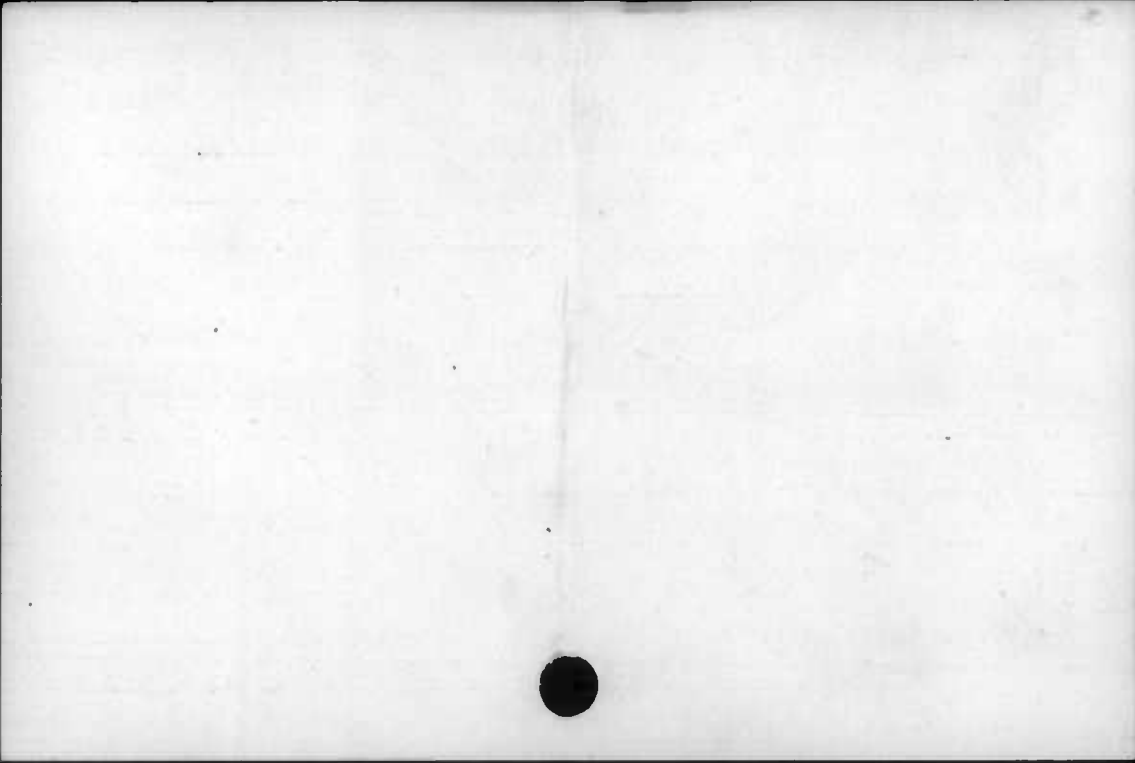
Died at <i>Wm Sudersville</i>		Town <i>Sudersville</i>		County <i>Wm Amos</i>		MARYLAND	
Date of death	<i>1909</i>	Month <i>7</i>	Day <i>6</i>	Age	Years	Months <i>2 1/2</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>			Birth-place <i>Ind</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>Ind</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Wm F Palmaro</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Emma A Cole</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Wm F Palmaro</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Probably mal nutrition, and summer camp lawt</i>	How long <i>2 1/2 months</i>
Immediate <i>Saw one month - previous to this death</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Foster Suder</i>
	Address <i>Sudersville Ind</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Paul Palmatory* *Tim*
 Died at *near Sudbroville* Town *Queen Anne* County *MARYLAND*
 Date of death 190 *9* Month *7* Day *6* Age *2 1/2* Years Months Days
 Sex *Male* Color or Race *White* Birth-place *Ind.*
 Occupation *None* Where Residing if not at place of death *Ind.*
 Married, Single or Widowed ☒ Married Name of Wife or Husband
 Father's Name *Wm. H. Palmatory* Father's Birthplace *Ind.*
 Mother's Maiden Name *Emma G. Hole* Mother's Birthplace *Ind.*
 Name of person giving information *Wm. H. Palmatory* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORNER

Primary *Probably malnutrition and summer complaint* How long *2 1/2 months*
 Immediate *Saw one month previous to their death* How long *several days.*
 Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *Frosty Sudb*
 Address *Sudbroville Ind.*
 Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

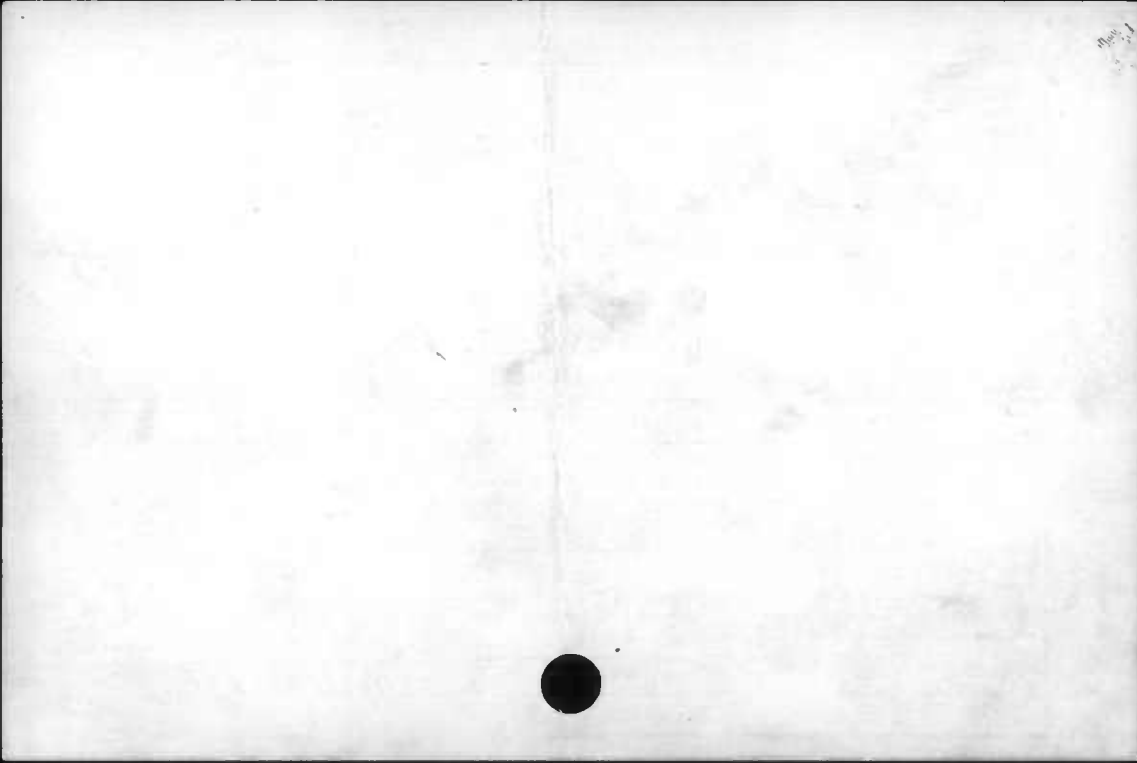
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		July	25	Age	29		
Sex	Female	Color or Race	Colored	Birth-place	Carmichael		
Occupation	Housewife			Where Residing if not at place of death	England		
Married, Single or Widowed	Married			Name of Wife or Husband	Samuel J. Rochester		
Father's Name	Taylor			Father's Birthplace	Virginia		
Mother's Maiden Name	Angela Andersop			Mother's Birthplace	Palas Island		
Name of person giving Information	Samuel J. Rochester			How related to deceased	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	How long	Three years
Immediate	Cardiac Embolus	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		W. W. Brown M.D.	
		Address	
		England	
		Md.	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Anne Sparks

Town

County

Died at

Barclay

Queen Anne

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

7

14

Age

76

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

House-wife

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Riden Sparks

Father's
Name

William Biscoe

Father's
Birthplace

Md-

Mother's
Maiden Name

Mary Potts

Mother's
Birthplace

Md-

Name of person giving
Information

Kati Newton

How related
to deceased

Md Sister

CAUSES OF DEATH

154

Primary

Senile debility

How long

one year

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

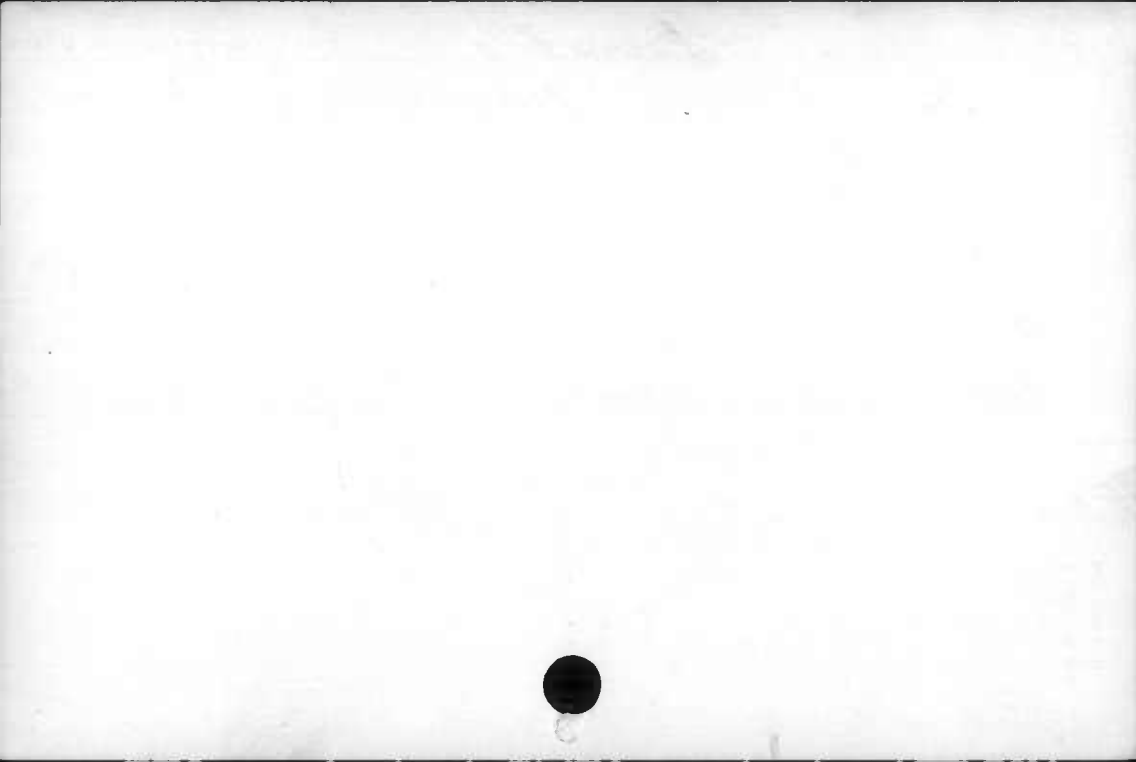
Signature of
Physician

Address

J. R. Smith, M.D.
Pineville, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Georgeanna Trimble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr. Millington</i>		Town <i>Queen Anne's Co</i>		County		MARYLAND	
Date of death	1909	Month	July	Day	4	Age	45
Sex	Female	Color or Race	White	Birthplace	Queen Anne's Co	Months	Days
Occupation	Housewife	Where Residing if not at place of death	at home				
Married, Single or Widowed	Widow	Name of Wife or Husband	Thomas Trimble				
Father's Name	Thomas Sherwood	Father's Birthplace	Queen Anne's Co				
Mother's Maiden Name	Unknown	Mother's Birthplace	Unknown				
Name of person giving Information	Alois Leager	How related to deceased	Son in law				

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary	Peritonitis Acute	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	B. P. Townman
		Address	Millington Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

Sarah Esther Washington

Town

County

MARYLAND

Died at *Princeton**L.A. Co*

Date

of death

1909

Month

July

Day

1st

Age

Years

1

Months

Days

28

Sex

*Girl*Color or
Race*Colored*Birth-
place*L.A. Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Griffin Washington*Father's
Birthplace*L.A. Co Md.*Mother's
Maiden Name*Mary Edith Wilson*Mother's
Birthplace*L.A. Co. Md.*Name of person giving
Information*Griffin Washington*How related
to deceased*Father*

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

Two weeks

Immediate

Exhaustion

How long

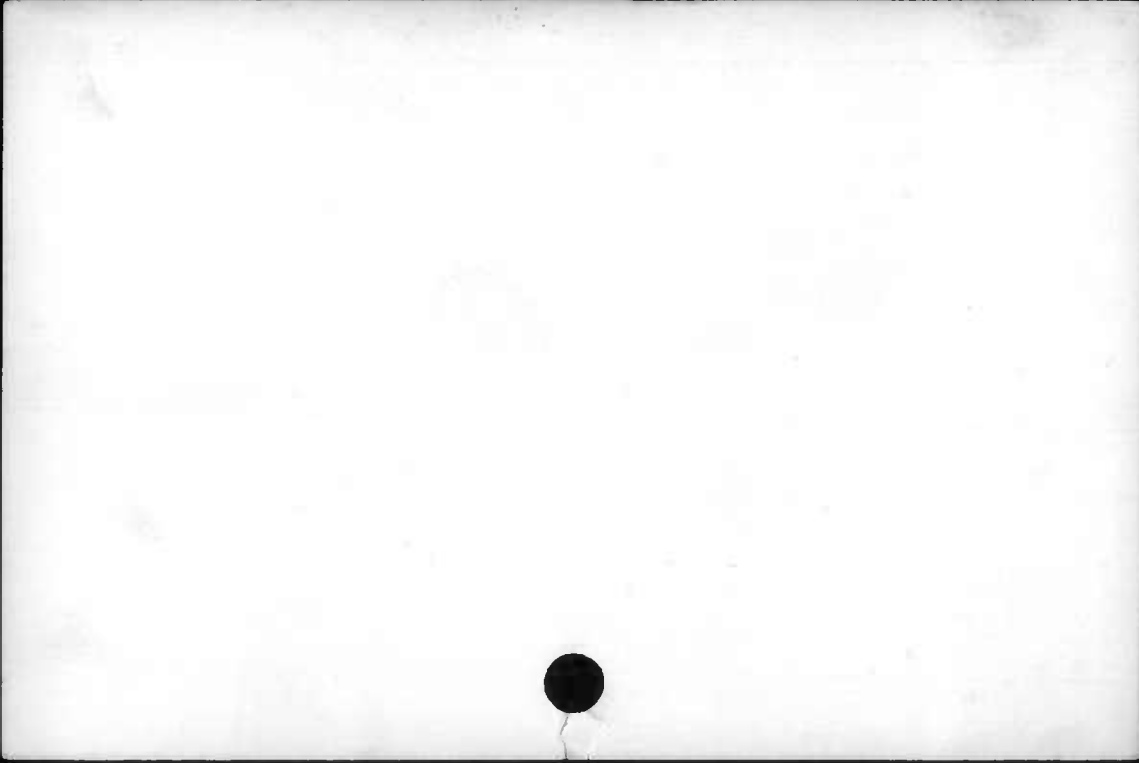
*Four hrs.*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*R. H. Ford*

Address

*Princeton,
Md.*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Joseph Wilson

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Age	Months	Days
1909		July	6	1	-	-
Sex	Male		Color or Race	Black		Birth-place
Occupation		Where Residing if not at place of death		Queen Anne Co.		

~~Married, Single~~
~~or Widowed~~

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

105

Primary

How long

Immediate

How long

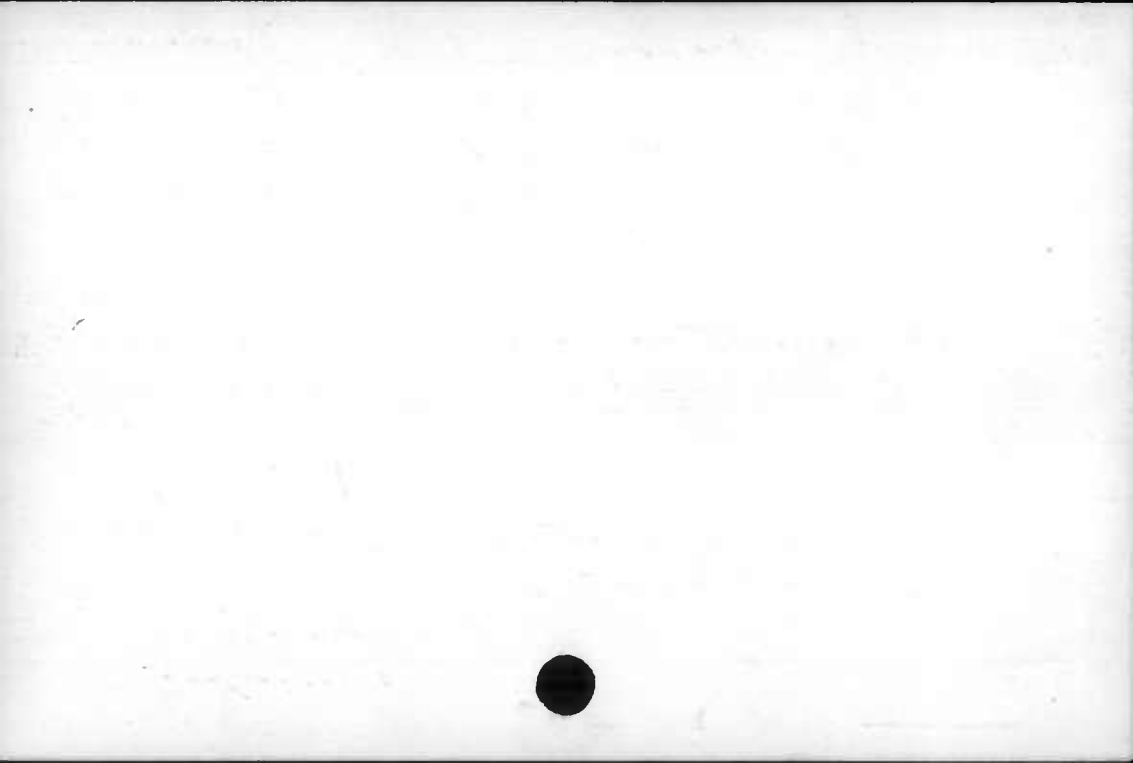
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Walter Garfield Wilson

Town *Pondtown* County *Q Anne* MARYLAND

Died at *Pondtown*

Date of death *1909* Month *July* Day *15* Age *7* Years Months *—* Days *22*

Sex *Male* Color or Race *Black* Birth-place *Q A County*

Occupation *Schoolboy* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William Thomas Wilson* Father's Birthplace *Q A County*

Mother's Maiden Name *Lydia Ferrel* Mother's Birthplace *Q A County*

Name of person giving information *William T Wilson* How related to deceased *Father*

CAUSES OF DEATH

105 ✓

PHYSICIAN
OR CORONER

Primary *Cholera Morbus* ? How long *10 days*

Immediate *Exhaustion* ? How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *Only saw child after death*

Signature of Physician *A E Landers* Address *Health Officer. Crumpton*

Accident or Suicide? *after death*

